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Application for Membership to the Mississippi State Nurses' Association

Martha Alice Stewart

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APPLICATION FOR MEMBERSHIP

MISSISSIPPI STATE NURSES' ASSOCIATION

Please return to Mary D. Osborne, R. N. Jackson, Mississippi.

SURNAME FIRST NAME WHITE COLORD

NAME WHILE IN TRAINING

PRESENT ADDRESS

PERMANENT ADDRESS

NAME AND ADDRESS OF SCHOOL OF NURSING FROM WHICH YOU WERE GRADUATED

LENGTH OF COURSE DATE OF GRADUATION

NAME AND ADDRESS OF SCHOOL OF NURSING WHERE YOU RECEIVED OTHER TRAINING

LENGTH OF COURSE DATE OF LEAVING

HAS YOUR SCHOOL OF NURSING AN ALUMNAE ASSOCIATION? ARE OU A MEMBER?

ARE YOU REGISTERED IN MISSISSIPPI? DATE REGISTRATION NUMBER

REFERENCES

1. Superintendent of Nurses while in training

Name Address

2. Superintendent of Nurses now

Name Address

3. Member of School of Nursing Alumnae

Name Address

4. Member of Mississippi State Nurses' Association

Name Address

Signature of Applicant Date

Enclose \$3.00 Membership Fee with Application. Please send check or postoffice money order,
made out to Mississippi State Nurses' Association.